

Advance Housing and Support Ltd

Howards Court

Inspection report

Kitwood Road
Boston
Lincolnshire
PE21 0PX

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Howards Court is a domiciliary care agency which is registered to provide personal care to people with learning disabilities, people with mental health needs and people living on the autistic spectrum. The service also operates a 'floating support' service to assist people with daily living skills such as budgeting and managing their housing tenancy although this aspect of the service is not registered with the Care Quality Commission (CQC). At the time of our inspection one person was using the registered personal care service.

We inspected the service on 25 May 2016 and spent time in the service office with the registered manager and other staff. We also met the person who used the service, having confirmed with them that they were happy for us to visit them in their home.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider'), they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff had received training in this area and demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained effective systems for assessing and managing any risks relating to the provision of care and support. Staff were aware of the assessed risks and preventive strategies that had been identified for the person who used the service and reflected this in their practice. Staff knew how to recognise signs of potential abuse and how to report any concerns. However, action was needed to ensure that the provider always notified CQC of any allegations relating to people's safety and welfare.

The provider organised staffing resources flexibly around the individual needs and preferences of the person who used the service which gave them a high degree of personal control over when they received their agreed support hours. The provider ensured staff received a wide range of core training and encouraged them to study for advanced qualifications. Safe recruitment practices were in place.

Staff worked closely with local health and social care services and helped the person who used the service to access this support when necessary. Staff were trained to assist people to take their medicines, should they need this level of support.

Staff worked together in a friendly and supportive way and provided warm, person-centred support. The person who used the service was treated with dignity and respect and was encouraged to exercise as much choice and control over their life as possible. The person was supported to prepare food and drink that reflected their individual preferences.

The person's personal support plan was written in a person-centred way and was understood and implemented by staff. The person was closely involved in the preparation and review of their personal plan. Reflecting their personal wishes and preferences, staff supported the person to maintain an active lifestyle, inside and outside their home.

The provider encouraged people to provide feedback on the service they received and the person who used the service was clear how to make a formal complaint, should this ever be necessary. The provider maintained effective systems to monitor service quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The person who used the service felt safe and staff knew how to recognise signs of potential abuse and how to report any concerns.

Staff demonstrated they were aware of the assessed risks and preventive strategies relating to the person who used the service and used them to provide effective support in the least restrictive way.

Staffing levels were organised flexibly around the person's needs and preferences.

Staff had been trained to assist people take their medicines, should this level of support be required.

The provider had sound systems for the recruitment of new staff.

Is the service effective?

Good ●

The service was effective.

Staff demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider had systems in place to ensure staff received their core training and encouraged them to study for advanced qualifications.

Staff worked closely with local health and social care services and helped the person who used the service to access this support when necessary.

The person who used the service was supported to prepare food and drink that reflected their individual preferences.

Is the service caring?

Good ●

The service was caring.

Staff provided person-centred support in a warm and friendly way.

The person who used the service was treated with dignity and respect and encouraged to exercise as much control over their own life as possible.

Is the service responsive?

Good ●

The service was responsive.

The support plan prepared for the person who used the service was written in a person-centred way and was understood and implemented by staff.

The person was involved in reviews of their personal support plan.

Staff supported the person to maintain an active lifestyle, reflecting their preferences.

The provider encouraged feedback on the services it provided and people knew how to complain if necessary.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had failed to notify CQC of a significant incident.

Staff worked together in a friendly and supportive way.

The provider used a range of systems to monitor service quality.

Howards Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced. The registered provider was given 48 hours notice because the location provides support to people living in their own homes. We did this because the registered manager is not always based in the service office and we needed to be sure she would be available to contribute to the inspection. At the time of our inspection one person was using the service.

The inspection was conducted by a single inspector on 25 May 2016. As part of the inspection we met the person used the service, having confirmed with them that they were happy for us to visit them and their relative in their home.

In addition to speaking with the person who used the service and their relative, we spoke with the registered manager and two other members of staff. We also spent time observing how staff supported the person who used the service, to help us better understand their experiences of the support they received. As part of the inspection process we also spoke with a local social care professional who had regular contact with the service.

We looked at a range of documents and written records including the personal support plan of the person who used the service, staff training and supervision records and information relating to the auditing and monitoring of service provision.

We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information provided by other agencies.

Is the service safe?

Our findings

The person who used the service told us, "[I] feel safe. [I've] never had any problems with these staff."

We looked at the person's personal support plan and saw a wide range of possible risks to their safety and wellbeing had been considered and assessed by the provider. The risk assessments had been prepared and reviewed in discussion with the person and provided detailed guidance to staff on what action to take in specific situations. For example, as part of the risk assessment relating to the person's personal finances, measures had been identified to help the person keep their money safe whilst out and about in the local community. Staff had also been provided with 'positive risk' training and, reflecting this approach, supported the person to manage risk themselves as much as possible, to help maintain their self-esteem and independence. One member of staff said, "It's important the customer can understand the risk assessment. It's there to help them manage the risk. They have to be part of the process."

Staff were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). One member of staff told us, "If I had any concerns, I'd go straight to the manager or to social services if necessary." Advice to people and their relatives about how to raise any concerns was provided in the introductory booklet that was given to people when they first started using the service.

The provider had also taken steps to ensure the safety of staff, many of whom worked on their own. Staff had access to a 24 hour helpline together with out-of-hours telephone numbers for the registered manager and other senior staff. One member of staff told us, "I always feel safe [when I am at work]. If I needed it, I know I could get help straightaway."

The provider planned staffing support around the needs and preferences of the person who used the service and the hours of support purchased on their behalf by the local authority. The provider deployed staff in a very flexible way which allowed the person to exercise a high level of personal control over when they received their agreed support hours. For example, the person told us, "[I] said [I] didn't want [staff] on a Saturday. [My relative and I] like to have one day to ourselves and manage ourselves [that day]." This wish was understood and respected by staff and was reflected in the weekly staffing rota.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that suitable references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people the service was registered to support.

The person who used the service did not need staff support to take their medicines. We saw that this had been correctly assessed and documented by staff in accordance with the provider's medicines management policy. Staff reviewed the position on a regular basis and were clear about the provider's policy

requirements should the person need staffing support in this area in the future. Staff received regular 'safe handling of medication' training and were aware of how to provide assistance in line with national guidance and good practice, should this be required.

Is the service effective?

Our findings

The person who used the service was satisfied that staff had the skills and knowledge to meet their needs effectively. They told us, "[The staff] are good."

New members of staff participated in a structured induction programme which included a four day corporate training event for all new starters, delivered in one of the provider's regional offices. This was accompanied by a local service induction and a period of shadowing experienced colleagues before the new staff member started to work as a full member of the team. The registered manager told us this period of initial shadowing would normally be up to two weeks but that this would be extended if someone needed longer to develop the skills and confidence to work effectively on their own. The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits.

The provider maintained a detailed record of staff training requirements and arranged a range of internal and external training courses including safeguarding, first aid, moving and handling and food hygiene. One member of staff said, "I find all the training helpful in updating me on any changes. You also learn from other people [on the course]." The provider supported staff to study for nationally recognised qualifications and we saw some of the certificates awarded on display in the service office.

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One staff member told us, "We offer people choice in everything we do. It's important to help people stay as independent as possible."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Although the person using the service had capacity to make their own decisions, the registered manager demonstrated a good understanding of best interests decision-making processes and was clear on the steps she would follow should this be necessary in future.

Staff received regular supervision and appraisal from senior colleagues and told us that they found the process beneficial. One staff member said, "It's helpful. Particularly if I have any concerns I want to discuss."

The provider had supported the person who used the service to develop a personal 'health action plan' and, reflecting this plan, staff worked closely with local health and social care services whenever this was necessary. For example, one member of staff told us they had become concerned about a change in the person's health which presented an increased risk to their safety. The staff member had liaised with a range of professionals and specialist equipment had been provided which had reduced the risk of harm. This proactive approach was confirmed by a local social care professional who told us, "Staff are good at keeping

us in the loop. If they have any concerns they get on the phone. They do well." The person who used the service told us, "If [I] have a health problem [I] tell the staff and they help."

The person who used the service made their own breakfast and evening meals but normally received staff support to prepare their lunch. When we visited the person's home on the day of our inspection, we saw a staff member helping to prepare lunch and saw that it was tasty and nutritious and clearly much enjoyed by the person. Staff understood the importance of giving the person who used the service choice and control over what they had to eat and drink. Confirming this approach, the person told us, "[My relative and I] decide what to eat. We like omelettes and sometimes have a proper roast on a Sunday." Reflecting information in the person's health action plan, staff understood the importance of encouraging the person to maintain a healthy diet and had sought specialist advice to enable them to provide effective support in this area.

Is the service caring?

Our findings

During our inspection visit we saw that staff had a warm approach towards the person who used the service and provided support in a caring and respectful way. For example, we watched a member of staff helping the person who used the service and their relative to make lunch. The staff member engaged with both people in a bright and friendly way, at one point leading a spontaneous sing along to the music on the radio. When the meal was ready, the staff member withdrew to enable the person and their relative to enjoy their meal together on their own. They told us, "I always leave them when they eat. To give them some private time." The person who used the service said, "The staff are kind and friendly. [I] look forward to seeing them."

Staff had received training in 'person-centred support' and during our inspection visit we saw that they clearly understood the principles of this approach and reflected them in their work with the people they supported. For example, one member of staff told us, "It's important get to know a person and find out what they like and don't like. One person might like a laugh and a joke but other people need more reassurance." Staff also recognised the importance of conversation and listening skills in gaining an understanding of what was important to each person. One staff member told us, "Some of the time we spend with people is for conversation and chat." Reflecting their knowledge of the person who used the service, staff told us that they took care to provide this person with some dedicated one-to-one time on a regular basis, to enable them to do the things that were particularly important to them, such as having their hair done.

Staff were committed to helping the person who used the service to maintain their independence and exercise as much choice and control over their life as possible. One member of staff said, "[The person] makes their own decisions. For instance, when we do the weekly shopping list together, I always start by asking [the person] what they want."

The staff team was also aware of the importance of supporting the person to maintain their privacy and dignity. Describing the way in which they provided the person with personal care, one member of staff said, "I always make sure that the bathroom is closed as [name] doesn't like [their relative] to come in when they are having a shower." Commenting on the assistance with personal care they received from staff, the person told us, "They always take their time." To maintain confidentiality, the provider had systems in place to ensure people's personal care records were stored securely and computers were password protected.

Information on local advocacy services was included in the information booklet that was given to people when they first started using the service. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Although the person who used the service at the time of our inspection did not receive advocacy support, the registered manager was aware of the services available locally and said she would not hesitate to contact them should this ever be required in the future.

Is the service responsive?

Our findings

The registered manager told us that, if someone was thinking of using the services provided by Howard Court, a senior member of staff would visit them to discuss their needs and preferences. Following this initial assessment, if the person decided to start using the service, staff prepared a personal support plan in discussion with the person, setting out the details of the support they would receive. Confirming this approach, the person who used the service at the time of our inspection told us, "I was involved when my plan was written."

We looked at the personal support plan for the person who used the service and saw that this addressed a wide range of needs including personal care, medicines, personal finances, accessing the local community, support with cleaning and shopping and health. The plan was written in the first person and provided staff with detailed information on what was important to the person and how best to support them. For example, how the person liked to be addressed, what they liked to eat and drink and how they liked to spend their time inside and outside their home. The plan also described the person's 'circle of support' which identified key people and relationships that were important to them. We saw that the person's support plan had been reviewed and updated on a regular basis and that they had been involved in this process.

Staff who worked with the person had a good knowledge of their individual likes and dislikes and used this to support them in a flexible and responsive way. For example, one member of staff told us that they often help prepare two different dishes at lunchtime to ensure the person and their relative each had the meal they preferred.

The way the provider organised staffing resources in the service also enabled staff to respond flexibly to the person's personal needs and preferences. The member of staff who prepared the staffing rota told us that this was done on a weekly basis to ensure that the shifts worked matched the person's particular plans and commitments for the week. This responsive approach was confirmed by the person who told us, "Staff are very flexible. I had a 7.20pm hospital appointment and [staff member] came with me." The person could also 'bank' some of their weekly support hours and save them up for a special outing, for example to the coast in the summer or to a local retail park.

The person who used the service maintained an active lifestyle which was encouraged and supported by the staff team who worked with them. The person told us that they went into town on a regular basis to shop for food or clothes, attend medical appointments or visit a favourite cafe. The person said, "The staff are helpful if I have an activity on." Staff also supported the person to maintain their personal interests and hobbies, which included crochet and caring for their pet cat. One member of staff told us, "It's important to provide people with stimulation otherwise some people can become isolated and withdrawn."

Information on how to raise a concern or complaint about the provider's services was included in the introductory booklet that was given to people when they first started using the service. Although the person who used the service had no issues of concern, they were clear who they would contact if they did. The registered manager told us that she expected staff to make her aware of any complaints or concerns that

were raised and would try to meet with the person and attempt to manage and resolve the complaint within the requirements of the provider's policy.

Is the service well-led?

Our findings

The provider maintained a log of any untoward incidents or events within the service which had been notified to CQC or other agencies. However, in preparing for our inspection visit we noted that in the previous 12 months there had been one case involving a person using the service at that time which been considered by the local authority under its adult safeguarding procedures but which the provider had not notified to CQC. The registered manager apologised for this oversight and said she would ensure all notifications were submitted as required in future.

During our inspection visit we saw that there was an open and relaxed culture within the service. One relative told us, "Advance (the registered provider that operates the service) are good. They help us a lot." A long-serving member of staff said, "It's a very fair company to work for and I recommend it to others."

The provider maintained a range of audits to monitor the quality of the care and support provided to people, including personal finances and health and safety. We saw that these audits were operating effectively and any issues identified had been followed up. In addition, senior staff completed an extremely detailed monthly review of each person's personal support plan to ensure risk assessments and other documents had been updated as required and that care and support were being delivered in accordance with each person's wishes and needs.

We saw that staff worked together in a friendly and supportive way. One member of staff said, "There's a good atmosphere in the team. We all get on well together." There were regular team meetings and detailed daily logs were also used by the provider to ensure effective communication between staff. Staff told us they were able to talk freely with senior staff and managers and felt involved in decisions that affected them. One member of staff said, "I love it here. I feel I can speak my mind, without reproach. You feel like you are cared for in this job."

Staff also told us that they felt well-supported by the registered manager and other senior staff. Speaking of the registered manager one staff member said, "She is lovely. Approachable and supportive." Another member of staff told us, "[The registered manager] is brilliant. She is always at the end of the phone if I need her and has gone out of her way to support my career development." Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the service that could not be addressed internally.

The registered manager told us that she felt well supported by the provider. She told us she received monthly supervision from her line manager and also had access to a range of specialist teams within the provider's national organisation which were a helpful source of advice and guidance in areas such as human resources and quality assurance.

The provider undertook regular surveys at national level to measure people's satisfaction with the services it provided. The survey results were analysed to identify any themes and trends. We reviewed the report of the most recent survey and saw that, although overall satisfaction levels were very high, a detailed action plan

had been prepared in response to any negative feedback received. For example, a range of measures had been identified to improve communication between the provider and the people who used its services, which was one of the themes to emerge from the survey.

Staff said they occasionally organised group meetings for people who used both the floating support and personal care services, usually to decide the venue for a communal outing. One staff member said, "We have a tenants' meeting now and again and decide where to go. We've been to Skegness, Spalding and Woodhall in the past." There was a comfortable lounge next to the service office which was open to the people who used both the floating support and personal care services. One relative told us, "We sometimes take games like Ludo in there and spend time with some of the other people who live in the flats nearby. We know most of them." To create further opportunities for people to meet each other and get involved in the running of the organisation, the provider also maintained a 'customer forum' which met regularly at regional and national level and was open to anyone who used the provider's services.